

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 03-10	2. STATE Texas
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE September 1, 2003	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 435.725 (c)(1)	7. FEDERAL BUDGET IMPACT: a. FFY 2004 \$(6,013,899) b. FFY 2005 \$(6,086,024)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: See Attachment	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): See Attachment <u>29402 (03-10)</u> <u>Approved: 12/04/03</u> <u>Effective: 09/01/03</u>

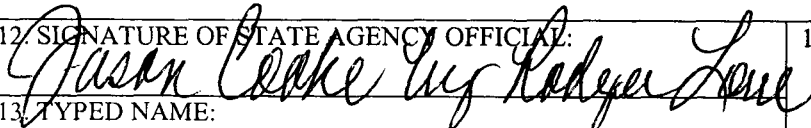
10. SUBJECT OF AMENDMENT:

Amendment No. 645 – This amendment updates the State Plan by decreasing the personal needs allowance of institutionalized Medicaid clients.


11. GOVERNOR'S REVIEW (Check One):

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

XX OTHER, AS SPECIFIED: Sent to
Governor's office this date. Comments, if any,
will be forwarded upon receipt.

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Jason Cooke Medicaid State Director Health and Human Services Commission Post Office Box 13247 Austin, Texas 78711-3247
13. TYPED NAME: Jason Cooke	
14. TITLE: Medicaid State Director	
15. DATE SUBMITTED: September 2, 2003	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 5 SEPTEMBER 2003	18. DATE APPROVED: 4 DECEMBER 2003
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 SEPTEMBER 2003	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: ANDREW A. FREDRICKSON	22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR DIV. OF MEDICAID & CHILDREN'S HEALTH
23. REMARKS:	

Attachment to Blocks 8 & 9 to HCFA Form 179

Transmittal No. TN 03-10, Amendment No. 645

**Number of the
Plan Section or Attachment**

Attachment 2.2-A
Page 16a

Supplement 1 to Attachment 2.2-A
Page 1a

Attachment 2.6-A
Page 4a

Supplement 6 to Attachment 2.6-A

**Number of the Superseded
Plan Section or Attachment**

Attachment 2.2-A
Page 16a (TN91-34)

Supplement 1 to Attachment 2.2-A
Page 1a (TN01-08)

Attachment 2.6-A
Page 4a (TN01-08)

Supplement 6 to Attachment
2.6-A (TN99-08)

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
Page 16a
OMB NO.: 0938-

State/Territory

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

— Yes.

— No.

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

****Institutionalized Supplemental Security Income cash recipients who receive the \$30 federal benefit rate also receive a \$15 per month state supplementation check. Refer to SUPPLEMENT 1 TO ATTACHMENT 2.2-A, PAGE 1a.**

SUPERSEDES: TN- 91-34

STATE <u>Texas</u>	A
DATE REC'D <u>9-5-03</u>	
DATE APP'D <u>12-4-03</u>	
DATE EFF. <u>9-1-03</u>	
HCFA 179 <u>03-10</u>	

*Agency that determined eligibility for coverage

TN No. 03-10

Approval Date 12-4-03 Effective Date 9-1-03

Supersedes

TN No. 91-34

HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

SUPPLEMENT 1 TO ATTACHMENT 2.2-A
Page 1a
OMB NO.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Texas

REASONABLE CLASSIFICATIONS OF INDIVIDUALS
RECEIVING STATE SUPPLEMENTATION

Institutionalized Supplemental Security Income cash recipients who receive the \$30 federal benefit rate also receive a \$15 per month state supplementation check.

SUPERSEDES: TN- 01-08

STATE	<u>Texas</u>	A
DATE RECD	<u>9-5-03</u>	
DATE APPVD	<u>12-4-03</u>	
DATE EFF	<u>9-1-03</u>	
HCFA 179	<u>03-10</u>	

TN No. 03-10 Approval Date 12-4-03 Effective Date 9-1-03
Supersedes
TN No. 01-08 HCFA ID: 7982E

Revision: HCFA-PM-97-2
December 1997

ATTACHMENT 2.6-A
Page 4a
OMB No.: 0938-0673

State : Texas

Citation(s)	Condition or Requirement
1924 of the Act	2. The following monthly amounts for personal needs are
435.725	deducted from total monthly income in the application
435.733	of an institutionalized individual's or couple's
435.832	income to the cost of institutional care:
	Personal Needs Allowance (PNA) of not less than \$30
	For Individuals and \$60 For Couples For All
	Institutionalized Persons.
	a. Aged, blind, disabled:
	Individuals \$ <u>45.00</u>
	Couples \$ <u>90.00</u>
	For the following individuals with greater need:
	Supplement 12 to <u>Attachment 2.6-A</u> describes
	the greater need; describes the basis or formula
	for determining the deductible amount when a
	specific amount is not listed above; lists the
	criteria to be met; and, where appropriate,
	identifies the authority for approving that a
	criterion is met.
	b. TANF related:
	Children \$45.00
	Adults \$45.00
	For the following individuals with greater need:
	Supplement 12 to <u>Attachment 2.6-A</u> describes
	the greater need; describes the basis or formula
	for determining the deductible amount when a
	specific amount is not listed above; lists the
	criteria to be met; and, where appropriate,
	identifies the authority for approving that a
	criterion is met.
	c. Individuals under age 21 covered in this plan as
	specified in Item B.7. of <u>ATTACHMENT 2.2-A</u> .
	\$

TN No: 03-10
Supersedes
TN No. 01-08

Approval Date 12-4-03 Effective Date 9-1-03

SUPERSEDES: TN- 01-08

STATE <u>Texas</u>	A
DATE REC'D <u>9-5-03</u>	
DATE APPROV'D <u>12-4-03</u>	
DATE EFF <u>9-1-03</u>	
HCFA 179 <u>03-10</u>	

Revision: HCFA-AT-85-3
FEBRUARY 1985

SUPPLEMENT 6 TO ATTACHMENT 2.6-A

State: Texas

Standards for Optional State Supplementary Payments

Payment Category (Reasonable classification)	Administered by Federal State	Income Level				Income Disregards Employed
		<u>Gross</u>		<u>Net</u>		
		1 person	Couple	1 person	Couple	
(1)	(2)	(3)		(4)		(5)
Supplemental Security Income cash recipients with \$30 federal benefit rate	X	\$15	\$30	\$15	\$30	N/A

SUPERSEDES: TN- 99-08

STATE <u>Texas</u>	A
DATE RECD <u>9-5-03</u>	
DATE APVD <u>12-4-03</u>	
DATE EFF <u>9-1-03</u>	
HCFA 179 <u>03-10</u>	

TN No. 03-10

Supersedes
TN No. 99-08

Approval Date 12-4-03 Effective Date 9-1-03
HCFA ID: 7985E